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ABSTRACT

Described is development of the Hunter College dance therapy 18-month 30-credit masters program involving 33 adult students, (in two classes beginning in 1971 and 1972), an educational model, internship in psychiatric institutions, and preparation of instructional materials. The dance therapist is said to incorporate the psychiatric patient's movements into his/her own movements and thus to "tune-in" to the patient's affective states expressed in the patient's movements. Discussed are program goals and selection of graduate candidates based on high academic performance, recommendations, background in dance, and results of screening The academic program is seen to incorporate coursework such as dance therapy theory and anatomy; special features such as video-taping and guest lecturers; and final projects such as a case study or a research paper. Paired student internship (therapy with children, adolescent and adult patients) in five institutional settings is examined textually and tabularly. Program evaluation by questionnaires and a review committee is said to have resulted in modifications such as inclusion of more field experiences. Reviewed are accomplishments such as development of standards for training professional dance therapists, visual training materials, and employment opportunities. Noted is employment of all 1971 class graduates seeking employment in state or city hospitals, a private institution, and a mental health clinic. (Included in appendixes are movement evaluations; curriculum goals; course outlines; lists of guest lecturers, lecture topics, and final projects; questionnaires; and faculty biographies. (MC)

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HUNTER COLLEGE
DANCE THERAPY MASTERS PROGRAM

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EC 091 116

HUNTER COLLEGE
DANCE THERAPY MASTERS PROGRAM

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Students learn how to work with patients by working with each other. . .

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PREFACE

Over the past ten years interest in dance therapy as a discrete ancillary profession in psychiatric practice--particularly in psychiatric institutions--has been growing. Evidence of this is the increased demand for professionally trained dance therapists. This demand reflects the awareness in the mental health field that fresh, new treatment programs and techniques are necessary to help psychiatric patients develop the psycho-social skills they need in order to return to the community.

As board members of the American Dance Therapy Association (ADTA) we realized that neither facilities nor systematic curricula were available to the growing body of students who wanted to learn. Our own experiences combined dance therapy, research and education; from this vantage point, we recognized that it was necessary to design a comprehensive, sequentially organized program to equip people to enter this field. No less important was the need to establish criteria for selecting candidates for training, and criteria for the kind of training that should be required.

Dance therapy training should produce knowledgeable, sensitive and responsible professional dance therapists. For guidance we looked at the leading dance therapists practicing today. Most of them had turned to the use of dance as therapy after years of training, teaching and performing. They had not only been trained in the dance; they had used it in the service of others. They learned how to simultaneously see and respond in movement, to express and communicate feelings through movement, to be aware of themselves and sensitive to other dancers. Given these skills, they then tried to become dance therapists by taking short-term workshops and/or apprenticing with practicing dance therapists.

To further their knowledge of psychological and social processes, they had taken courses in psychology, group process, sociology, etc. Many felt it necessary to learn more about body movement and therefore took courses in kinesiology, relaxation, sensory awareness, etc.

Those of us who were preparing the Hunter College Dance Therapy Masters Program were not only dance therapists; but we also studied Rudolph Laban's principles of movement and his system of movement notation and description, "Effort."* While pioneering a dance therapy program at Bronx State Hospital, we found that using Effort enabled us to describe movement in terms of weight, space, time and continuity instead of psychological language. This vocabulary of the dynamics of human motion invariably added a new dimension to understanding the behavior of patients in psychiatric team meetings and in researching non-verbal behavior in areas such as family therapy, group process and dance therapy.

*Irmgard Bartenieff initiated an Effort training program, the first in the United States, at the Dance Notation Bureau, New York City.

At the end of our own training in Effort we instituted a series of introductory workshops in which we used this language to teach the principles of dance therapy as we learned them from Marion Chace.*

Keeping in mind our practice, teaching and research as well as the experience of recognized dance therapists, we tried to design a program that would encompass all the elements we considered crucial to the training of competent dance therapists.

These were some of the considerations we had in mind when we applied, successfully, for a grant from the National Institute of Mental Health to develop an experimental dance therapy training program.

Claire Schmais
Elissa Queyquep White
JUNE, 1973

*Marion Chace pioneered dance therapy at St. Elizabeth's Hospital, Washington, D.C.

CHAPTER I

PROGRAM GOALS AND SELECTION OF CANDIDATES

Dance Therapy uses the communicative and expressive aspects of movement as a base for accomplishing therapeutic aims. The theory behind this therapeutic technique assumes that movement reflects both intrapsychic dynamics and one's socially evolved mode of relating. Dance therapy therefore deals with personality as it reveals itself both in the behavior of movement and in attempts to make changes on this level. More descriptively: the dance therapist forms a relationship by "tuning in" to the affective state the patient shows in his movement. The dance therapist incorporates into his own movements the essence or predominant qualities expressed in the patient's movements. This "tuning in" results in a rapport with the patient. The growing relationship between therapist and patient, developed by moving together, can stimulate significant alterations in the individual's movement behavior which may then result in important changes in his total functioning.

Aside from providing direct services to patients, the dance therapist also serves as an important member of the therapeutic team by sensitizing the staff to the movements of patients. Further, the dance therapist can make significant research contributions to the growing field of movement behavior.

Despite the growing recognition of the value of dance therapy as a treatment method and the concommitant increase of employment opportunities for dance therapists in psychiatric institutions, formal training for dance therapists was, until recently, essentially non-existent. More and more institutions were requesting guidelines for establishing dance therapy training programs. Further, individuals who wished to enter the field were requesting in-depth training.

The Hunter College Masters Program in Dance Therapy was established in response to these needs.

Overall Goals of the Program

The articulated aims with which we began were to develop a university based masters program in dance therapy; to provide a model for the education of dance therapists that integrates academic and field work experience; to train new mental health manpower; to develop teaching materials such as handbooks, films, video tapes, curricula, etc.; and to disseminate vital information about dance therapy.

The dance therapy training program was designed as an intensive, full-time, 18-month, 30-credit program consisting of coursework continuously integrated with field experience. Students applying to the program had to have a bachelor's degree as well as a strong background in dance and 24 credits in the social or health sciences. Special attempts were made to recruit people from low income and minority groups.

Selection of Candidates

Since the aim of the dance therapy program was to train students to use dance therapeutically with individuals or groups suffering from various degrees of psychopathology, we had to find ways to identify those applicants who had characteristics and qualifications that would increase the probability of their succeeding in the program. But we recognized some of the difficulties involved in screening candidates for a new discipline. For example, a number of the characteristics and qualifications we felt to be necessary, such as certain types of personality traits, are not always clearly overt. Furthermore, screening procedures do not reproduce an actual program or work situation, so they may not necessarily be predictive. But what produces the greatest difficulty in such a situation is the fact that some of the personality characteristics and experiences designated as important are so defined on the basis of sets of assumptions that are inferred or derived from other kinds of training and may not necessarily be valid. A respectable body of research--not yet available--is really necessary if genuinely predictive criteria are to be designed.

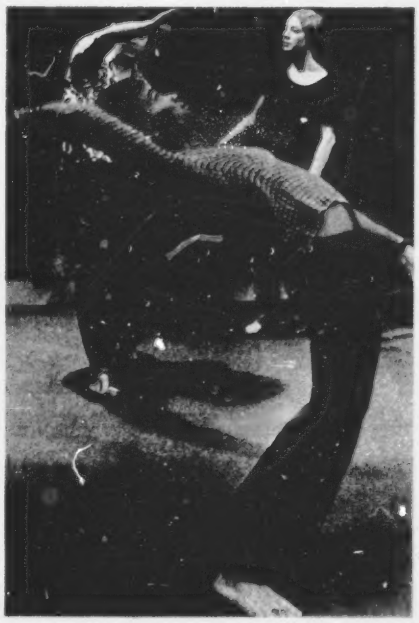
Keeping these caveats in mind, we devised a broad selection procedure. In order to be considered for admission students had to have:

Academic record consistent with the requirements for admission to graduate programs in the Division for Programs in Education at Hunter College. Grade point index (2.5) is a standard college requirement for admission to graduate programs.

Two letters of recommendation from appropriate professional or academic sources. Personal references guide an admissions committee by telling them how students were perceived by their teachers and employers.

Twenty-four credits of approved courses from anthropology, education, guidance, health sciences, political science, psychology and sociology. Courses in the physical and social sciences were required because we wanted candidates who had some breadth of knowledge.

Eighteen credits of dance or its equivalent in studio or performance experience (minimally, three times per week for three years with at least half of the classes being in modern dance). The dance requirement was essential to guarantee the recruitment of students who could move with ease, develop movement, quickly learn new movement patterns and be comfortable in a number of dance styles. In order to do this, they would have had to study not only modern dance (for a number of years and with more than one teacher) but also folk and ethnic dance, improvisation and choreography.



In addition, candidates had to acquire satisfactory ratings on admission interviews. We considered two kinds of interviews necessary for intelligent evaluation: a standard psychological interview and a movement assessment. The former was used to estimate the candidate's potential for becoming a mental health professional; the latter to assess the candidate's movement patterns.

Movement interviews took two forms: a group movement evaluation and an individual movement assessment (Appendix A). The first permitted an evaluation of the individual's ability to dance and to relate coherently through body movement to other group members. The individual movement assessment demonstrated the range and variety of the everyday movements that accompany speech. The assumption underlying both movement assessments is that body movements reflect such personality characteristics as ego strength, maturity, capacity and range of affect, flexibility and ability to relate to others.

Sixty-six students applied for the two classes, one of which began September 1971, the other in January 1972: 30 for the first class, 36 for the second. Sixty of the total were women. Most applicants were from the New York City area, but 12 students applied from other parts of the country.

The applicants ranged in age from 21 to 52 years; the mean age was the mid 20's. All had at least a bachelor's degree and two had already earned masters degrees. All applicants had dance experience, but their work and professional backgrounds varied, ranging from teaching, social service, office work, professional dancing to dance teaching.

Four separate procedures--each rated on a five point scale--were used to screen applicants for the first class. The final score was determined by calculating an unweighted average of the four. When scores were similar and we needed further information on which to make choices, we reassessed dance experience and personal recommendations. The procedures used for screening the first group of applicants served as the prototype for screening the second class, although modifications were made which will be discussed later.

The four sets of ratings were drawn from:

1. Applications. Applicants were rated on previous academic work, dance background, work experience and two recommendations.

2. Psychological interviews. The interviewer gave the applicant an overall rating of his potential for becoming a mental health professional and listed what he saw as the individual's strengths and weaknesses. There were no set formats or questions asked in these interviews, which were conducted by experienced psychologists.

3. Group movement evaluations, in which a group of five applicants were seen together. They were asked to move simply so their movements could easily be followed by other members of the group. Each group member

was observed and rated both as a leader and follower on their ability to move with spatial or dynamic clarity (versus vague or diffuse movement); ability to establish and sustain eye contact; ability to modify repertoire in order to adapt to the movement of others (versus rigid maintenance of own repertoire); and capacity for total emotional and kinesthetic involvement (versus detached, stylized, mannered, etc.)

4. Individual movement assessments. In this situation the individual was given an oral interview by two interviewers. The applicant was rated on her movements while the interview was being conducted. Ratings were made on five factors that could be seen in an applicant's movement behavior during the interview: mobility (lack of constriction)--i.e., the moveability of different parts of the whole body; complexity--the complexity and variety in spatial and rhythmic patterns; integration--the degree to which the movements are coherent and organized; and vitality--the amount of "aliveness" and "richness" in the movement.

Relationship Between Screening Procedures

Applicants were ranked on the basis of the scores received on the screening procedures. A Spearman Rank order correlation was then performed in order to determine the degree of correlation between the various procedures. (This statistical procedure was applied to both the first and second class screening.)

The results indicated that a significant correlation existed between the various procedures used. The correlations for the procedures used for the first screening are presented below:

Group Movement and Individual Movement	rs = .79	p = .001
Group Movement and Psychological Interview	rs = .37	p = .05
Individual Movement and Psychological Interview	rs = .50	p = .01

Although, clearly, all procedures were significantly correlated with each other, the relationship between the group and individual movement assessment was particularly strong. (The ratings were done by separate and independent raters.)

Modifications for Second Screening

Since there was a high correlation between the individual and the group movement assessment on the first screening, we concluded that both measures were not necessary. Therefore, we decided to test the outcome of group interviews versus individual interviews: half of the applicants received a group movement assessment and group oral interview and the remainder received an individual movement assessment and an individual oral interview. The application and psychological interview rating procedures remained the same.

We decided to try this experiment in order to determine whether

group interviews would be sufficient for our needs. If so, time and money could be saved. The same movement scales were used as for the first group. Again, all procedures were significantly correlated with each other, i.e., between the movement assessments and the psychological interviews in both the individual and group settings.

The final test of the effectiveness of the screening process will be the ultimate occupational success of the individuals, and we plan follow-up studies after a year or two of employment within the field. However, there has been some shorter range feedback from the staff of the program. The practicum instructors felt that lack of maturity, particularly among the students in the second class, interfered with learning. As a group, these students tended to be defensive and had difficulties in dealing with supervision.

The second group as a whole also had fewer dance skills. This can be attributed to the modifications in the second screening procedure. Since half the applicants had only an individual movement assessment (their movement patterns were evaluated during an oral interview), they were not seen in a dance situation. Their dance backgrounds were assessed solely on the basis of information furnished in applications. This was obviously not sufficient.

Characteristics of Applicants Accepted into the Program

Sixteen students were accepted for the first class; 17 for the second.

The first class was all white, female, ranging in age from 22 to 31. Four had danced professionally. Other work experience included teaching, recreation, probation, nursing and various clinical occupations.

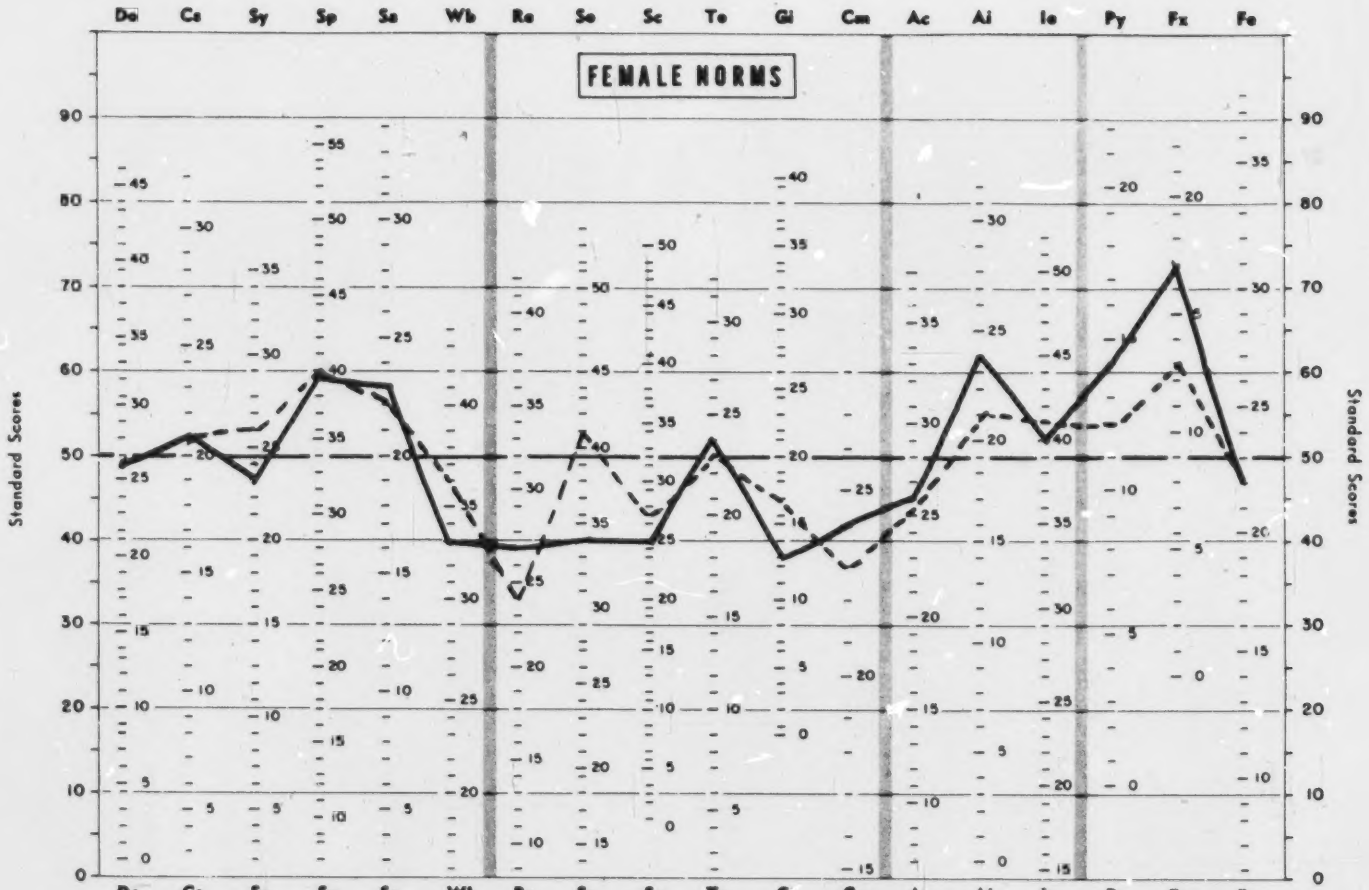
The second class had a similar age distribution, from 22 to 33. There were four minority students and two males. One student had danced professionally. In addition to the occupations listed for the first group, students worked in professions such as physical therapy, theatre, Peace Corps and psychiatric aide.

The California Personality Inventory was administered to the 33 individuals accepted into the program. This test was chosen because it is a well-developed and well-standardized instrument that could give us some measure of the personality characteristics the program administrators considered relevant. The results were useful in providing additional descriptive information and for validating staff impressions of the students.

The CPI profiles for the first and second groups differed in many respects (see Figure I for comparison of female norms). The profiles for the first group indicated that these individuals tended to be insightful, self-confident, idealistic and rebellious. This is indicated by the high

PROFILE SHEET FOR THE *California Psychological Inventory*: FEMALE

Figure I



Do	Cs	Sy	Sp	Sa	Wb	Re	So	Sc	To	Gi	Cm	Ac	Ai	Ie	Py	Fx	Fe
26	21	23	39	23	33	27	34	25	24	13	24	26	24	40	14	17	22
26	21	26	40	22.5	36	24	41	27	23	17	23	25.5	21	41	12	13	22

——— Class I - 9/71

---------- Class II - 2/72

Notes:

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scores on Flexibility (Fx) and low scores on measures of socialization, self-control and responsibility (Re, So, Sc, Gi). The relatively high scores on Psychological-mindedness (Py) are typical of people who tend to be observant, spontaneous, resourceful and changeable. Furthermore, the high score on achievement in independence (Ai) suggests that these individuals tend to be mature, foresighted, independent and have superior intellectual ability and judgment.

The second group differed from normative samples in that they were more spontaneous, informed, outgoing and expressive, but at the same time showed tendencies toward immaturity and self-centeredness.

The differences between the two groups showed up not only on the CPI profiles but also in the dance therapy practicum, where instructors felt that the students in the second class tended to be somewhat more difficult to work with and supervise.

Comparisons Between Accepted vs. Rejected Applicants

Dance and work experience, age and academic average were essentially the same for all the applicants. The major differences between those accepted and those not accepted were the scores on the screening procedures. As the high correlation already noted would suggest, individuals scoring high in one situation tended to score high on the others as well.

Future Modifications

On the basis of these findings it was decided that the following modifications would be made:

1. We will attempt to recruit students who have had a greater amount of work experience than we originally required, in the hope that this will select out students with a somewhat higher level of maturity.

2. The individual movement assessment will be eliminated, since it has a high correlation with both the psychological interview and the group movement assessment and therefore, does not furnish any unique information.

3. The individual psychological interview will be retained because it yields more information about the background and motivation of the student than the group oral interview, which will be eliminated.

4. Since dance experience and the ability to relate and respond in movement to group members is of primary importance in dance therapy, the group movement assessment will be double-weighted because it has the highest face validity of the screening procedures used.

CHAPTER II

ACADEMIC PROGRAM

The academic program at Hunter College was designed to integrate the core coursework and electives with other material related to creating a formal pedagogical approach to teaching dance therapy as a mental health discipline. Table 1 outlines the formal academic program.

Table 1

	Credits
Fall - Term I	
Dance Therapy Theory and Practice I	3
Movement Observation I	2
Systematic Study of Movement Behavior I	3
Small Group Process*	3
Anatomy and Kinesiology for Dance Therapists	2
Spring - Term II	
Dance Therapy Theory and Practice II	3
Movement Observation II	2
Systematic Study of Movement Behavior II	3
Elective*	3
Elective*	2
Fall - Term III	
Supervised field work in clinical setting	4
	30

*Electives may be chosen from appropriate related fields such as psychology and special education.

Coursework

Coursework was designed to provide the students with knowledge in two major areas: dance therapy and movement behavior. The core courses were designed to cover dance therapy theory and practice, skills in observation, analysis of movement and knowledge of movement behavior from the time of Darwin to contemporary research in non-verbal communication. These courses were integrated by overlapping content areas and by the use of Rudolph Laban's system of movement notation and analysis, "Effort" (see Appendix B for bibliography). For example, the Movement Observation class observed and recorded movement using Effort terminology. The Movement Behavior course included discussion of research studies which used Laban's

method of movement analysis. Intertwined with these courses were lectures and/or workshops presented by prominent authorities on various areas of movement behavior: neurophysiology, body awareness, kinesics, etc.

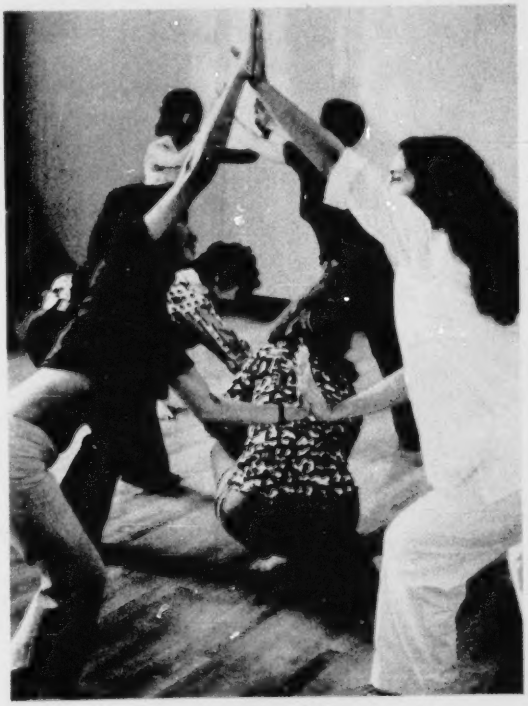
The electives were planned to provide knowledge of psychological and social processes. Specifically, courses in development, group process, psychopathology and special education were highly recommended. Students were guided to make choices based on their background and their special interest areas.

Students were required to complete 30 academic credits to fulfill the requirements for a Masters Degree in Dance Therapy. (See Appendix C for curriculum goals and course outlines.)

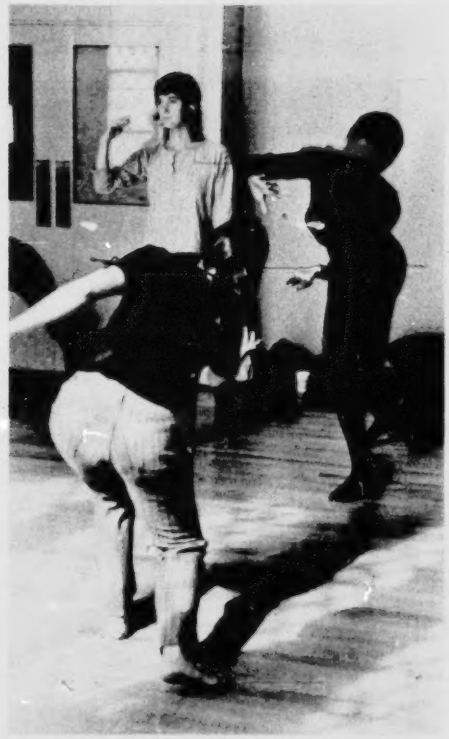
Dance Therapy Theory and Practice I and II

The two semester course in Dance Therapy Theory and Practice was structured to teach students to understand the principles of dance therapy practice; develop self-awareness in terms of personality and verbal and non-verbal modes of interacting; acquire skills in assessing individual and group psychodynamics, particularly as they are manifested in expressive movement; develop treatment plans based on movement assessments; and develop the skills and techniques of dance therapy with individuals and groups.

Classroom work was a laboratory for dance therapy techniques. The class size was restricted to 16, so that each student could have both individual attention and the experience of a group atmosphere. The course was conducted by co-teachers; this permitted work in small groups as well as large groups. The co-teachers had different movement styles, exposing the students to two distinct models of dance therapy practice.



Movement sessions and video tape replays provided students with direct experience of individual movement styles, non-verbal communication and behavioral change. By working with each other, students became aware of their own movement repertoires,



how their movements affected others and what aspects of their movement patterns needed to be stressed, diminished or expanded in order to conduct dance therapy sessions. They learned how to use movement empathetically with individuals and groups and the general skills involved in working with different age groups and various kinds of patients.

They studied theories of dance therapy, personality and interaction in terms of their relevance to dance therapy practice. They also went on many field trips to hospitals, clinics and special schools, where they could see different applications of dance therapy. And guest lecturers, each discussing dance therapy from a different angle of vision and a different discipline, broadened students' perceptions even further.

Systematic Study of Movement Behavior I and II

The two semester course in Movement Behavior was designed to help students become familiar with the accumulated knowledge and current theories of movement behavior; gain sufficient understanding of the principles and techniques of research necessary to critically evaluate studies of movement behavior; gain insight into the problems of assessing and interpreting movement behavior; and execute a plan for the final research project.

The course material included a review of basic literature in movement behavior and its implications for dance therapy theory and practice. Specific themes such as movement correlates of emotion, personality

characteristics and psychopathology were explored. Current kinesics literature provided a backdrop for discussions on the movement dimension in social role behaviors and group interaction.

Attention was paid to specific theoretical problems in interpreting non-verbal behavior and areas of research important to the dance therapist. The students studied normal motor development and movement in relation to character formation; they followed this with an in-depth exploration of movement and personality assessment. The final portion of the course dealt with cross-cultural differences in movement.

All students were required to participate in pilot movement research projects. The projects were selected and carried out by students in small teams. The "team leader" was usually the person who elected to do a research study for his or her final project. (See Appendix E for final projects.)

Movement Observation I and II

The course in Movement Observation differed from the Systematic Study of Movement Behavior in that it demanded from the students the application and integration of the theories learned in the latter course. In this course, students were expected to develop skills in movement observation; become familiar with different systems of movement recording and observation; develop expertise in the observation of individual movement characteristics; and develop skills in selecting movement parameters appropriate to a given situation or research problem.

This course served as an introduction to observing a broad range of non-verbal variables such as group formation and synchrony, body attitudes, eye contact, spatial patterns and the like. While it was strongly influenced by Laban's systems of Effort and Labanotation, it was an eclectic first-look at many aspects of non-verbal behavior. The students were exposed to both live observation and video tapes and films of people of different cultures, normal children, disturbed children and adults, individuals in psychotherapy and dance therapy sessions. Students were trained to distinguish individual differences in movement style, subtle fluctuations in movement patterns such as may be seen in psychiatric patients, and something of the rich cultural variations in body movement.

Typically students would observe a film and then discuss what they had seen. The film might then be repeated or presented in slow motion or stop-frame segments to facilitate greater discriminations. Examinations in observation assessed students' ability to describe movements, define individual characteristics, and support their psychological interpretations of the non-verbal behavior with specific observations. For part of the second term, this course was combined with the Systematic Study of Movement Behavior course through the research projects in which all students participated.

Anatomy and Kinesiology for Dance Therapists

Dance therapists must learn enough about anatomy and kinesiology to gain an understanding of human superficial anatomy based on the latest research; to identify and evaluate problems related to human structure and function; and to develop skills in devising safe methods of producing and maintaining motility.

The basic intent of the course was to help students develop an anatomical way of looking at the body. They were given the opportunity to understand body mechanics through lectures and laboratory experiences. Working with the skeleton familiarized them with the anatomical structure. They also experienced motion in their own bodies and observed the movements of

others. They learned the normal range of movements and discussed how it differed in psychiatric patients. They also learned where to initiate motion, how to make it easier and more difficult, and how to recognize the anatomical limits of a movement pattern.

Electives

The electives were chosen to provide the additional skills and knowledge needed for work as dance therapists. All students were advised to take a course in group process and a course that dealt with psychopathology. In addition to these, students could take courses based on their individual needs. They chose from the following electives:

Human Growth and Behavior I and II
Psychology of the Handicapped
Social Factors in Emotional Dysfunction
Learning Problems of the Handicapped
Psychopathology I and II
Psychology of Personality
Psychology of Small Groups
Independent Psychological Research
Methods and Materials in Group Guidance
Dynamics of Small Groups
Creative Dramatics

SPECIAL FEATURES

As part of the academic program, a number of special features particularly enriched the program: video-taping, guest lecturers and final projects.

Video-Taping

Monthly video-tapings were an integral part of the dance therapy theory and practice course. Television was used for three purposes:

1. to help students see themselves and others and to learn to absorb those images, visually and kinesthetically;

2. to provide a record of teaching techniques and student progress;

3. to develop a short, edited composite of the monthly tapings for explaining the program to interested persons.

A video tape session . . . working in pairs

The video-tapings enabled the students to observe themselves objectively. Whereas they might be able to dismiss verbal feedback, the visual feedback could not be denied. Students became aware of the disparity between their body image and the reality of their movement patterns. Also the subtle interactions of which they were unaware while they were moving became apparent in the video replay. The video-tapings also provided feedback on individual growth and group process and provided a springboard for group discussion. The class could go back and forth--from talking to watching--checking their perceptions with the actual representations.

Faculty could review the tapes alone and with consultants, which enabled them to analyze and evaluate their teaching methods and approaches to specific problems. Vague feelings of uneasiness about the progress of a class could be brought into focus by analyzing the movements of the group. One video tape of a class could thus be used over and over again for continuous faculty growth.

Taping proved to be a successful teaching tool, in part because the video crew understood the objectives and goals of the dance therapy theory and practice course and became in some measure part of the group. During the first taping, they participated in the class and the dance therapy staff used the cameras. The primary focus of taping was on the students' development rather than on the video product. We used the least intrusive equipment (a small Sony on a tripod with casters) without separate microphones and without stage directions.

The video-tapings were not only a highlight of the practicum. Because of the lack of staging or scripting, they provided a genuine record of students' growth and materials for an edited composite and future teaching tapes.

Guest Lecturers

The purpose of the guest lecturers series was to acquaint the students with the depth and breadth of subject matter relevant to dance therapy, and to provide them with a series of experiences which would help guide them in determining further avenues of study. The lecture series covered three broad areas of movement behavior: internal and external manifestations of body movement, its interpersonal and cultural aspects, and the use of movement in therapy.

One group of lecturers dealt with personality assessments derived from movement and factors relating to movement interaction and cross-cultural patterning.

Another group of lecturers dealt with the internal and external manifestations of body movement and included the neuro-physiological aspects of early developmental patterns and the relationship of movement and vision. Students learned about body tension from lectures on tension flow and armoring and from workshops conducted on relaxation and sensory awareness techniques.

The final group of lecturers discussed the use of movement in group therapy, psychomotor therapy, psychodrama and dance therapy with children. (See Appendix D for listing of guest lecturers and their topics.)

Irmgard Bartenieff

Final Projects

Students were given a choice of final projects. This allowed each to pursue in depth an aspect of training that was particularly meaningful personally. They could choose a theoretical paper, a research project or a clinical case study. (Appendix E)

They had wide latitude in choosing topics for a theoretical paper. Almost any aspect of psychotherapy, movement behavior or group process as it relates to the use of dance as therapy was acceptable. They were required to explore extensively a particular area and provide some new insight into its meaning for dance therapy. Only one student chose a theoretical paper; her subject matter was the therapeutic aspects of trance dancing.

About half the students chose a research project as their final work. These pilot studies were designed to give students the chance to combine their knowledge of theory and research with direct observation in a specific area of movement behavior. They decided what they wanted to study and, with the help of a faculty advisor, selected appropriate films or video tapes. The only requirement of the research project was that it involve some direct observation and analysis of movement (live, video tape or film), thereby giving the students more experience in observation and the opportunity to make their own discoveries through careful, systematic study.

They devised ways of analyzing movement according to the needs of the project, instructed other students on the use of recording instruments, collected observational data, analyzed it, and wrote extensive reports. In each case these projects proved to be valuable pilot studies into new areas such as movement characteristics of blind children, sex differences in movement, and changes in movement during dance therapy.

The faculty decided that the choice of a clinical case study for a culminating project would give the student the experience of observing in depth the movement behavior of a patient, the subtle changes that occur in the dance therapy treatment process and objective examination of their own behavior as a therapist. Those students (16) who chose clinical case studies were required to select one patient with whom they would conduct individual and group dance therapy sessions during their internship. To be included in their case studies were: medical record history; movement observations of patient during dance therapy sessions and other ward activities; an analysis of progress during dance therapy sessions based on recordings on a movement scale; and clinical impressions based on their movement observations. In the case studies they also discussed how they conducted dance therapy sessions with the patient and how their clinical impressions meshed with the psychiatric diagnosis and other staff members' clinical impressions. As an exercise in designing long-term goals, the students were asked to include a section on how they would proceed in the treatment of their patient.

CHAPTER III

INTERNSHIP

The internship was conceived as a continuation of the coursework, in which the students would have access to an arena in which they could practice the knowledge and skills learned in the classroom. We decided that the students should undertake a full-time (five days per week) internship so that they would know what it is like to be faced with the day-to-day problems of a mental institution. In this way they could be assimilated into the hospital staff and become fully involved in the ongoing treatment process.

The internship program was meant to give students the opportunity to learn to conduct and assume responsibilities for dance therapy sessions for both groups and individuals of varying populations as well as to assist staff and field supervisors; to become acquainted with the role and responsibilities of the professional dance therapists through team meetings, therapeutic community meetings, clinical case conferences and ward and/or unit functions as well as all-hospital functions; to develop the self-awareness needed for successfully working with patients and staff and accepting supervision; and to strengthen their observational skills for use in practice, reporting and research.

Interns were placed in facilities where at least one full-time, registered* dance therapist was employed and where the facility was committed to the training of dance therapists. Wherever possible two interns were assigned to a ward. They conducted individual and group dance therapy sessions under the supervision of the unit dance therapist. Interns participated in therapeutic community meetings, team meetings, all-hospital case conferences and dance therapy unit meetings. Interns assisted in describing and evaluating patient behavior and in the in-service training of nurses, attendants and psychiatric residents. For interns in the New York City area the Hunter College supervisor met weekly with individuals and the entire group. Interns in the out-of-town placements corresponded regularly and were periodically observed by the college supervisor.

Two groups of interns took the internship. One group entered in September 1972 and the second in January 1973. The placement facilities were all located on the east coast. Seventeen students interned at Bronx State Hospital, Bronx, New York; three at Essex County Hospital Center, Cedar Grove, New Jersey; four at St. Elizabeth's Hospital, Washington, D.C.; one at Yale Psychiatric Institute, New Haven, Connecticut; and one at the Ashbourne School, Philadelphia, Pennsylvania. The situations at these facilities are compared in Table 2.

Since settings in which the students took their internships varied, they provided different experiences and outcomes. For example, at Bronx State Hospital, where the largest number of interns was placed, there is

*Fulfills the requirements of the American Dance Therapy Association Registry.

Table 2

	Bronx State Hospital	Yale Psychiatric
Type of facility	State Psychiatric	Private
Size and age level of patient population	1,000 patients, all ages except children	25-50 patients, mainly adolescents
Dance therapy staff:	2 full-time 4 part-time	1 full-time
Department or unit where field supervisors are employed	Creative Arts Therapy Unit under Rehabilitation Department	Activities Therapy Department
Hospital's previous internship experience	Informal on-the-job training	none
Orientation to hospital setting	Lectures by persons representing different professions	Because of size of this institution, no specific orientation was necessary
Integration into dance therapy staff & other staff	Integrated more with ward personnel & dance therapists assigned to unit	All aspects of daily functioning
Where interns conduct sessions	Interns go to wards	Patients come to dance therapists
Interns conduct sessions:		
alone		X
in teams	X*	
with field supervisors	X	X

*Teams continue to work together; however, one intern is responsible and leads an entire session while the other team member remains participant-observer.

Table 2 (cont.)

Essex County Hospital	St. Elizabeth's Hospital	Ashbourne School
State Psychiatric	Federal Psychiatric	Private Special School
3100 patients, all ages except children	6000 patients, all ages except children	150-200 patients, ages 6 thru adolescents
2 full-time	3 full-time	1 full-time
Dance Therapy Unit which functions independently under Creative Arts Dept.	Dance Therapy Unit	Dance Therapy
Formalized internship structure which incorporated our students	Some informal on-the-job training but presented a "formal" structured outline for our interns, hopefully to be used for new interns	One informal trainee
Spent one week as aide on a ward	Went to different places	Same as Yale Psychiatric
Only with dance therapy staff	With both dance therapy staff and other staff	All aspects of daily functioning
Patients come to dance therapists (only a few sessions conducted on wards)	Interns go to wards	Special dance therapy room
	X	X
	X**	
X	X	X

**Team members share the session and when not leading, the other supports the leader.

a dance therapy staff of six. The advantage in this situation was that interns were able to observe the styles of different dance therapists. At Yale Psychiatric Institute and at the Ashbourne School, where only one dance therapist and one intern practiced, each intern worked very closely with the supervising dance therapist, enabling each to share all the experiences of the supervisor.

Most of the interns had the opportunity to work with at least two of a variety of populations: psychotic geriatrics, adults, adolescents and children; chronic regressed adults; and mentally retarded, neurologically impaired, deaf, and criminally insane patients. In one unusual situation, the students were assigned to a nursery in which they conducted dance therapy sessions with outpatients and their young children.

The dance therapy sessions were scheduled at specific times that were consistent with the treatment design of the ward and/or unit. Often they were scheduled in advance of verbal group therapy sessions in order to put patients in touch with their feelings so that when verbal groups began, more meaningful content would come forth. In some instances verbal groups began with a short dance therapy session; in others, the order was reversed when dance therapy sessions followed verbal group therapy, patients then had the opportunity to express in movement feelings they had talked about earlier. Dance therapy interns sometimes functioned in the verbal groups as leader, co-leader, or participant. They provided feedback to both patients and staff as to the consistency or inconsistency between patients' behavior in the verbal and "non-verbal" groups.

Wherever possible, interns were paired according to opposite movement repertoires. Working with a co-leader who had a different style helped the intern extend her own range of movement behavior. Pairing also gave the interns support and additional opportunities to learn. One intern led the group while the other functioned as a participant-observer. The latter could be a more critical observer of the dance therapy process. After the session they would share their perceptions from their different perspectives.

The interns were required to maintain written records of patients, daily logs and a daily schedule of their activities. Written records of patients consisted of movement observations of each patient as well as the group interaction of patient sessions.

A daily activities schedule was requested for two purposes: to substantiate the time requirements for the course and to obtain for the school a record of how the total time of the internship was spent. The interns spent their time in various activities. An approximate breakdown of weekly activity revealed that ten hours were spent in dance therapy sessions in which the interns either conducted their own dance therapy sessions, assisted the supervising dance therapist, or co-led sessions with fellow interns or with the supervising dance therapist. Five hours were devoted to record-keeping which required a written description of each session in terms of group process and the filling out of scales for individual patient movement behavior; five hours were spent observing the

movements of both individuals and patient groups. Fifteen hours were taken up by ward meetings and didactic and supervisory sessions. Ward meetings included therapeutic community meetings and team meetings. Didactic experiences included clinical case conferences, lectures, seminars, grand rounds, etc. The supervisory sessions included individual and group meetings.

CHAPTER IV

EVALUATIONS AND MODIFICATIONS

After two classes had completed the program, we had enough observational and research results to permit evaluations of the academic program and to make necessary modifications.

In order to evaluate the various classes and other aspects of the program, a series of questionnaires was developed and administered to all students in the program. The core course questionnaire was constructed from the statement of goals for each class in order to determine the degree to which students felt that those goals were being met. We also included questions about video-taping, field trips, research projects, etc.

Questionnaires were administered at the mid-term and end-term of each semester to both classes (sample questionnaires can be found in Appendix F). Further information was obtained through structured interviews with staff.

In addition, a Review Committee was formed consisting of faculty members from Hunter College (Psychology, Education and Guidance Departments) and a representative from Bronx State Hospital. Project staff periodically presented reports on coursework, research projects and the internship and discussed difficult issues. The program benefited from the expertise and guidance of this committee.

Dance Therapy Theory and Practice I and II

Students were asked to rate and comment on issues such as: the degree to which the course helped them understand the principles of dance therapy, develop the skills and techniques necessary for dance therapy practice and increase their awareness of themselves and others.

On the whole the students' responses indicated that the primary course objectives had been met satisfactorily. The modal responses on a scale from 1 to 7 (one being the least positive and seven the most) tended to cluster at 5.5 to 6. There was, however, a fair amount of individual variation; some students felt much less satisfied with the course than others. Because this course demanded a great amount of student involvement, the material tended to generate much emotional response from the students. These reactions varied according to the student, when the questionnaire was administered and the composition of the class.

For example, the feelings of the first class of students were somewhat more positive than the second class. The latter group felt that a more varied approach to techniques and skills was necessary; the first class asked for time, longer sessions, and more opportunities to discuss feelings and issues raised during the practicum. Both groups

felt that the overall aim of the class was vague. Many of their statements regarding need for additional time, greater clarity, etc., can in part be seen as stemming from their own anxieties regarding their progress and personal feelings raised during the course. For the most part, they asked for more opportunities to work in small groups, which they felt provided for more intimacy and a greater opportunity for openness. They also wanted more field trips and greater discussion about them afterwards.

Staff reactions to the course also indicated that they felt that most of the objectives of the course had been met. Both instructors felt that they had to limit expectations of what could be accomplished in the course, given the amount of time available. But they stated that only with practice in the internship would the students begin to understand what they learned in the coursework. They also agreed with the students that a clearer statement of expectations and goals at the outset would have been helpful. However, the staff felt that at least in the practicum, an overall lack of personal maturity on the part of some students hampered progress to a certain extent.

As a result of the first class' evaluations, the following modifications were instituted:

1. Goals and outlines were more clearly established at the beginning of each term.

2. Classes were more frequently broken into smaller groups, which allowed more time for each student to learn to lead.

3. The personal advisory function was restricted, in order to diminish dependency on faculty and to insure better peer relationships in the group sessions.

Systematic Study of Movement Behavior I and II

Students were asked to rate and comment on issues such as the degree to which the course: increased their familiarity with movement behavior; increased insight into problems involved in assessing and interpreting movement behavior; related to their overall training; and changed their feelings about doing research.

Students' ratings of questions regarding course goals were quite high; modal rating tended to cluster around values of six. Students felt that the course had increased their familiarity with theories related to movement behavior, as well as increased their insight into problems in movement behavior. Further, they found the course relevant to their overall training as dance therapists. Their response to the research projects was positive. Most of the students found the experience quite useful. The students' comments about this course, as well as the course in movement observation, indicated that the didactic training was not sufficiently integrated with the practicum and, therefore, the potential value of both was to a certain extent diminished.

On the basis of these evaluations, certain changes were instituted for the second class:

1. The order of the course content was rearranged to mesh with the content of the practicum.

2. The section on motor development was expanded.

3. Research projects were started earlier in the semester.

4. The order of the classes was changed so that feelings generated from the dance therapy practicum would not be carried over into the didactic courses.

Movement Observation I and II

The questions were structured to elicit information about the degree to which the course: helped students develop skills in movement observation; improved their ability to observe in the dance therapy practicum; and was relevant to their overall training.

Responses to these questions indicated that students felt that the primary course objectives were met (modal response scores clustered around a value of 6). However, students also indicated a need for more time with the course. They felt they needed more actual practice in observing as opposed to lecture material. They suggested greater use of films, video tapes, and live observations to supplement the lectures. They found the course relevant but insufficiently integrated with the practicum.

The staff member responsible for teaching both Movement Observation and Systematic Study of Movement Behavior agreed with the students in that she felt more time was needed for both classes. Further, she felt that anxieties generated by the practicum, which was scheduled directly before the course, carried over into the classroom and interfered with learning. However, on the basis of her assessment of the students, she felt that most of the class had accomplished what she felt was necessary.

Using the students' evaluations, another series of modifications was instituted:

1. The order of the course content was changed to dovetail with the practicum.

2. More time was allocated to live observation.

Anatomy and Kinesiology for Dance Therapists

Students were asked to rate and comment on the extent to which the course helped them to gain an understanding of human superficial anatomy and the degree to which it helped to identify and evaluate problems related to human structure and function.

Students' reactions indicated that they felt the course was extremely important to their training. However, they felt that too much material was presented in one semester for it to be properly integrated and understood. (Modal responses to these questions clustered around a value of 4.5.) They suggested that a more structured presentation of the material and/or an increase in the amount of time in the course would be valuable.

Faculty concurred with the students that there was not sufficient time for the course. A further drawback was the fact that the students did not have the background in anatomy and physiology to absorb the material fully or to apply it to dance therapy.

The course was therefore modified in several ways:

1. Emphasis was shifted from lecture series to laboratory experiences.

2. Faculty gave students additional class hours for a portion of the term.

3. Students were given assignments to solve specific movement problems, which were then discussed in the classroom, rather than have them bring in problems for discussion.

Electives

Students were asked two questions about the elective courses: Had they found them relevant to their training (or to the program), or interesting? Would they recommend the specific course they had taken to other students?

For the most part, responses to the elective courses were not as uniformly positive as those to the core courses. Many of the students found some of the courses irrelevant and uninteresting. This was particularly true of courses designed specifically for training other professionals. In these instances, the pacing and the specific orientation of the courses apparently reduced their value for the students in our program. In other instances, because so few students took a particular course, it was difficult to find a consistent interpretation of their reactions.

On the other hand, certain courses were received much more positively; these included the Psychology of Small Groups and Psychopathology. Students probably saw these courses as more relevant because they were more directly integrated with their other course work.

Special Features

Students were asked to evaluate other aspects of the program, i.e., video-tapings, final projects and guest lecturers. They were also asked to respond to suggestions about possible additions to the program, such as an integrative seminar, more live observations, classes and lectures in movement notation, and movement classes using "Effort" principles.

Students found television useful and wanted more video time. Students and faculty agreed that the video tapes should be replayed immediately so that students could maintain the connection between what they did and what they saw. (It also proved valuable to play the tapes a month or two later to make them aware of how they had changed.)

The staff found that video tapes do not give a true picture of movement dynamics; for example, strength is diminished. This must be kept in mind when discussing replays. They also found that it was best to split the group being taped, because eight was the maximum number that could be adequately covered by the camera.

The guest lecturers series was also positively received. Students felt they had learned a great deal by having the opportunity to listen to and directly question experts in related fields. It stimulated their imaginations and expanded their horizons.

The final projects were viewed as extremely valuable. A number of students doing the research studies became deeply involved in the process and indicated that they would like to continue doing research. The experience sharpened their observational skills and gave them a chance to use what they knew in a creative way.

With respect to clinical case studies, the students discovered the limitations of their observational skills, namely, the difficulty of simultaneously working with, observing, and later recalling the total movement gestalt of a patient. This reinforced their feelings that they needed more live observation in the coursework. The students also found that having to organize their close observations of one patient helped prepare them for presentations at case conferences. Some of the students suggested that all interns should have the experience of writing a case study.

The fact that only one person chose to do a theoretical paper is understandable since theory is more removed from the urgencies of the practice situation.

Both classes seemed interested in additional laboratory experience and classes in Effort notation and movement. The possibility of an integrative seminar was particularly well received, since it responded to their feelings about the need for greater integration of didactic and practical experience.

Internship

The purpose of the evaluation of the internship was two-fold. The first was to assess the interns' feelings regarding the strengths and weaknesses of their training at Hunter College relative to their internship experience; to assess their relationship to their supervisors and other hospital staff; and to ascertain their reactions to various other aspects of the internship. The second purpose was to determine the supervisors' feelings regarding the interns, in terms of their readiness to enter the internship and their professional and personal potentialities as dance therapists.

Two questionnaires were administered to the interns, one three months after they had entered the internship, and one at the end of their internship experience. The mid-term evaluation was designed to provide feedback of the interns' perceptions of their relationships with their supervisors and to provide a basis upon which to make ongoing modifications.

The supervisors wrote an open-ended mid-term report on the interns, designed to provide an estimate of their abilities to remain in the internship.

The final questionnaires for interns and supervisors were designed to evoke information that could be used to make overall modifications in the curriculum.

In addition, meetings between Hunter College staff and field supervisors provided information on student progress and problems.

It is difficult to present a consistent picture of the interns' reactions to their internship since the results indicate that their experiences varied considerably from one setting to another as well as from one supervisor to another. To a limited extent this was also true of the supervisors' judgment of the interns. However, they seemed somewhat more in agreement with each other than did the interns.

None of the interns felt completely prepared to deal with the internship. This is not really surprising as the internship immersed the students totally into an essentially brand new and stressful situation. Along this line it is important to note that both interns and supervisors felt that more extensive field work experience during the initial stages of their training would provide better preparation for the internship. Students also felt that they would be better prepared for the internship if it included more extensive understanding of psychopathology, more time observing movement, and more experience in leading groups. The interns seemed to feel that just about all aspects of their training at Hunter were useful, particularly the practicum. Only some of the electives and the research projects were not seen to have had immediate value in terms of working in a hospital setting.

While there was some variability, the modal response of interns indicated an essentially positive and helpful supervisory relationship.

Most students felt free to discuss difficulties they were having with their supervisors and fe't that they would feel comfortable recommending their supervisors to others. General comments from the interns indicated supervisors were good models and were supportive. What many found to be extremely helpful in their training was their supervisors' willingness to allow them sufficient time to lead and to develop their own style. They did feel that one shortcoming was a need for greater clarity, structure, and organization in terms of the feedback they received.

Students' relationships to the other members of the hospital staff seemed to vary considerably, depending on the role and status of the dance therapist in the hospital and/or the relationship the supervising dance therapist had with the hospital staff. In teaching or training hospitals, students were able to fit in easily since they could learn along with other professional staff. In instances where the dance therapist had little to do with the rest of the hospital staff, the interns did not feel they had a useful relationship and vice versa.

Responses to what was or was not useful in the internship varied depending on staff attitudes to the therapeutic technique, their perception of dance therapy as a profession within the hospital, as well as the needs and interests of the interns. As a result, some interns found ward meetings helpful while others did not; some benefited from coming into active contact with a broad range of patients whereas others wanted a more intensive experience with one type, etc. However, on the whole, their reaction to the internship was positive. What they most frequently mentioned as particularly useful was the opportunity to lead group sessions. This clearly referred to their need and desire to assume professional responsibility, something they were eager to do from the outset of their training at Hunter. Certainly, in the internship, the opportunity to conduct sessions allowed them to put into practice, in their own way, what they had learned, and then receive helpful feedback from their supervising therapists. Those interns who were not given much opportunity to lead on their own tended to see this restriction of opportunity as a major shortcoming of their internship.

The supervisors' feelings regarding the personal characteristics and potential for professional development were consistently highly positive. There were, of course, a few exceptions, but a large majority of supervisors found the students to be empathetic, comfortable in their relationships with patients and able to relate well to members of the hospital staff. Supervisory relationships appeared to be good and the interns were seen as being open to supervision and not overly defensive.

Supervisors also felt that one of the major shortcomings of the interns was their lack of self-confidence which resulted in an overdependence on supervisors, an unwillingness to take risks, and a lack of spontaneity.

All the field supervisors agreed that certain general problems existed. They singled out seven specific problems they had perceived:

1. Interns experienced some difficulty in working full time.

2. The interns' expectations about working with hospitalized patients were different from the actual experience, and at times the need to make the adjustments to working with different populations became overwhelming.

3. Competition manifested itself in the first group of interns especially when they were co-leading sessions.

4. The field supervisors' role in relation to the interns took some time to iron out, as did the interns' role in relation to supervisors. The interns were reluctant to admit they were vulnerable; therefore it was some time before they were able to accept and act upon constructive criticism.

5. It also took some time for the interns to begin to take the risk of running sessions in their own style rather than in their field supervisors' styles.

6. Field supervisors, because they had interns, met subtle forms of jealousy from non-dance therapy staff.

7. Some field supervisors were reluctant to allow the interns to run or share the dance therapy sessions, especially if the supervisors were part time and therefore conducted relatively fewer sessions than full time therapists. Some supervisors found it difficult not to take over interns' sessions, and subtle forms of competition sometimes arose between field supervisors and interns.

The supervisors were also apprehensive about their role in the internship experience. While they had no doubts about their ability as therapists, they were not sure they could convey what they knew to the interns. As the internship progressed, these doubts diminished.

With these responses available to the program administrators, certain modifications were instituted:

1. In institutions employing more than one dance therapist, staff arranged a weekly meeting for themselves (without interns) to discuss common problems relating to the internship.

2. More time was allocated for intern-supervisor meetings in which to discuss the problems they were facing and to get insight into their own behavior through direct movement experiences.

3. Where an intern worked with two or more supervisors, one was designated as the senior person.

Program Modifications

Judging from the summarized results of the student and staff evaluations, the response to the program and its basic design appears quite positive. However, based on recommendations from the State Board of Education (which fortunately coincide with our own evaluations), we are making the following changes in the overall program.

The program will require the completion of 36 credits rather than the 30 called for in our original design. Prerequisites will now include two psychology courses and a course in kinesiology, in order to recruit candidates who are better prepared for advanced study. Students will be required to take group dynamics during the first semester, in order to help them understand group process as it occurs in the dance therapy practicum. To answer the need expressed by the students and the field supervisors, a year of psychopathology will also be required. The increase in credits will also allow them to take more electives in psychology and related fields.

The number and kinds of field trips are being increased in order to provide students with a wider overview of the field, as well as to make the transition from class to internship easier. In the first semester, students will visit four different facilities; in the second semester, one field visit per week will be scheduled in which the students will function as participant-observers.

Other more general modifications will include an attempt to clarify program and course goals to the students at the beginning of their training so that their anxiety regarding vagueness and uncertainty may be somewhat alleviated. More live observation and movement experiences will be included in the course work and greater attention will be paid to the integration of the practicum and didactic courses.

In the students' final evaluations of the overall program, they indicated that only after the internship experience did they realize how much they had absorbed during the year of coursework. This does not seem to us to be either remarkable or unexpected, nor to indicate a fundamental weakness in the program, since students in any field of study usually are unable to integrate their academic experiences fully until they have spent some time in a work situation that calls upon their educational training.

CHAPTER V

PROGRAM EFFECTS AND SUMMARY

The impact of the Hunter College Dance Therapy Masters Program has been pervasive and extensive, affecting not only the academic community at Hunter College and elsewhere but also the hospital and professional communities. Schools and individuals have asked for information on dance therapy and dance therapy programs. Hospitals have consulted with us on setting up internships and introducing dance therapy into their treatment programs. Professional organizations have used our experiences concerning issues relating to standards for training and practice. Contact was made with potential employers and related professions. And information about dance therapy has been disseminated through staff publications, participation on the boards of the American Dance Therapy Association (ADTA) and the Dance Division of the American Association of Health, Physical Education and Recreation (AAHPER), and presentations at national conferences.

Development of Standards

The Dance Therapy Program has had a major influence in establishing standards for training professional dance therapists. The experience of program staff provided major input into the ADTA and the Dance Division of AAHPER which resulted in the development of minimal standards for undergraduate (pre-professional) and graduate training. The project staff is currently working with these organizations in developing standards for the approval and/or accreditation of graduate programs.

The program has given impetus to the development of formal internship programs for dance therapy. In the past, most hospital training was established informally, usually when the staff dance therapist encountered an interested trainee. In such cases, no clearly defined standards were demanded or stated, such as the length of time to be spent in training; prerequisite qualifications; and kinds of training experiences. All of these varied according to the institution and the availability of qualified staff. But with the advent of a formal internship program, administrative auspices for the internship became clearly defined. For example, a formal internship program was established at St. Elizabeth's Hospital, Washington, D.C., with administrative consent; specific standards for admission, evaluation and length of stay were formulated.

Dissemination of Information

In response to the many inquiries from individuals and institutions about training and dance therapy, we prepared guidelines to be distributed for undergraduate preparation and high school career days. Information on internships and graduate programs was also distributed. Such program materials as brochures, course outlines and bibliographies were made available. At national conferences, we gave presentations on what dance

therapy is, how it is learned and how one trains people for the profession. Papers and articles by Hunter staff were made available to people interested in dance therapy through the professional organizations' journals and newsletters (see Appendix H for listing of publications and presentations).

An important part of the overall program was the development of visual training materials. These visual materials are essential to understanding what dance therapy is because, in dealing with a non-verbal technique, the axiom that "a picture is worth a thousand words" is peculiarly true. It would require more than a thousand words to describe even one movement and then interpret its multiplicity of intra-personal and interpersonal meanings. We completed a video tape entitled "Looking In--Reaching Out: Learning to be a Dance Therapist" which presents an overview of the dance therapy theory and practice course. The video tape shows the struggle students go through in developing insight into their own movement behavior and how they express themselves as therapists. The program also produced a film, "Becoming a Dance Therapist", which describes one student's progress through the program, her background, her reasons for entering the program, her experiences through the screening, coursework and internship.

Both the film and the video tape proved extremely valuable in opening doors to people who were interested in dance therapy and/or the training of a dance therapist. The video tape has been used to demonstrate our teaching techniques to hospital personnel involved with training, future employers, state officials and visitors from other hospitals and schools throughout the United States and from other countries. The film was particularly useful for students and faculty who wanted to know what the training of a dance therapist involves.

Potential Employment and Relationship with Allied Disciplines

In the course of developing employment opportunities for our graduates, we contacted state, city and federal agencies as well as hospitals and clinics. For example, a major thrust with state mental hygiene departments was to help create a professional identity by urging the development of specific employment "lines" for dance therapists in staffing budgets. We also discussed the value of dance therapy with agencies and institutions caring for children, addicts, alcoholics, geriatric patients or simply the aging, veterans, and physically handicapped persons in in-patient and out-patient facilities.

Our discussions with the New York State Mental Hygiene Department about establishing dance therapy lines led us to realize that art and music therapists shared the same concern and faced the same problems. Only if this "major" employer recognizes dance therapy as a distinct ancillary treatment technique and includes it in institutional budget salaries for this profession, can dance--and art and music--therapy grow into formal, recognized professions. To develop allies in these related professions we initiated the contacts which resulted in the creation of a committee of art, music and dance therapists (MAD) who are currently working to develop common standards of education and professional practice. Presentations at the AAHPER conferences led to the

establishment of a liaison between their Dance Therapy Committee and related areas such as the Therapeutic Recreation Section and Programs for the Handicapped. This communication has resulted in the examination of commonalities and differences between the various therapies that utilize movement and the development of joint education programs.

Hospitals

It is difficult to assess the full impact of dance therapy on the hospitals since the internships have just been completed. What has already become apparent, however, is the change in attitude among many patients and staff members. More staff became aware of non-verbal communication and the contribution that dance therapy could make to the integration and activation of their patients. This was most noticeable in long-term hospitalized patients, some of whom spoke and began to relate to others for the first time.

In one instance of dance therapy practice with out-patients and their young children; at the end of the internship, the out-patient mothers petitioned for the retention of dance therapy sessions for their children.

Because interns were trained to observe movement and could therefore see what others could not, they were frequently asked to consult on non-verbal research projects and observe and comment on other treatment programs.

Hunter College

Close to home, the program has reached the academic community at Hunter College by increasing faculty awareness of the significance of expressive and communicative movement. Project staff has been asked to share information and ideas with faculty members in disciplines involved in dealing with people (social work, sociology, communications, education). Sometimes the staff has been asked to lecture on specific aspects of movement behavior. For example, one presentation focused on the importance of understanding the gesture system of a foreign language as part of communication. Another presentation was developed for special education teachers who wanted to use movement with handicapped children. Finally, a seminar for the counseling and guidance staff discussed movement parameters in interpersonal relations.

Concluding Remarks

Our experience has shown that a program of this nature can easily be integrated into a liberal arts university such as Hunter, without major disruption and with some advantages. The experiment was possible because of the availability of trained personnel and the support of the Hunter College administration. The program was able to use the facilities and other resources of the college and benefit from the expertise of faculty and administrators in related fields.

Judging from the number (107) of applications we received for the 16 openings in September 1973, we know that there is a considerable interest in training and in dance therapy as a career choice. Whether there will be enough employment opportunities for these potential graduates is difficult to say. Of the first group of Hunter students who graduated in January 1973, nine sought employment. They all found jobs: five in state hospitals, one in a city hospital, two in private institutions, and one in a mental health clinic.

Unfortunately, most of the institutions in which dance therapists could usefully be employed are not aware of dance therapy as a form of treatment. Nor do they have specific job lines for dance therapists. Graduates who sought employment have had to give demonstrations of their work to patients and/or to staff. In all but one instance, they created new positions. This obviously places a heavy burden on the graduates; they are pioneers in the field. Unfortunately, they are being hired under non-dance therapy titles, such as recreational therapist, occupational therapist, etc. And, once hired in this ambiguous way, they must carve out a meaningful professional identity for themselves within the institutions, one that other staff members take seriously. This involves a constant effort to educate and demonstrate to the staff the uses of dance therapy with patients and the overall contributions a dance therapist can make. Obviously, the creation of new lines would make life easier for future graduates. This can be done by the combined efforts of the graduates, the program and the professional associations. We need to design programs of continuous education about the unique contributions dance therapy can make and how it differs from recreation, activity and other art therapies.

With respect to the future of the Hunter College Dance Therapy Masters Program, we would hope that it might some day be enlarged to include dance therapy with special groups, e.g., autistic children, geriatric patients, and the handicapped. We anticipate that, with the growth of dance therapy and the concomitant employment of dance therapists, our students will be able to undertake their internships in a multiplicity of settings and, we hope, be paid for their endeavors.

As we designed and modified the training program for our students, our belief that understanding movement behavior is essential to all those concerned with working with people has been strengthened and reaffirmed. Consequently, we more than ever would like to have the opportunity to share with people in related fields (educators, social workers, psychologists, etc.) what we know about training students to relate through movement.

A gap exists between what is needed and what is available in the way of training materials and general information on dance therapy. What is needed is a clearing house for information on various aspects of dance therapy and, specifically, for training dance therapists. The many requests we have received highlights the need for more training materials and for a place to organize, house and distribute the materials that do exist, to hospitals, universities and individuals.

The field of dance therapy now needs to be enriched by a variety of models for training dance therapists. These programs might take form at many sites--hospitals, institutes, schools, etc. We need to search for new ways of integrating field work and course work. For example, a clinic could be started at a school, such as Hunter, which would serve several needs: the students' requirements for field placement, the college health services program and the community at large.

We hope this program fulfilled an existing need. With the greater acceptance of dance therapy and the growing awareness of the importance of movement behavior, programs that follow will be able to explore possibilities for training and practice which we could not envision.

APPENDICES

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APPENDIX A

MOVEMENT ASSESSMENT Applicant's Name_____

Individual Interview Observer _____

I. Overall Rating: 1 2 3 4 5

II. Factor Ratings:

A. Mobility (lack of constriction): 1 2 3 4 5

B. Complexity: 1 2 3 4 5

C. Integration: 1 2 3 4 5

D. Vitality (degree of dynamics): 1 2 3 4 5

E. Spatial Clarity: 1 2 3 4 5

III. Descriptive Remarks:

A. Strengths re movement and expressive style:

B. Weaknesses re movement:

GROUP MOVEMENT EVALUATION

Applicant's Name: _____ Date: _____

Interviewer: _____

Instructions for Interviewers:

Ask the applicants to do the following: "In a circle formation, lead the group using simple movements that others can follow."
Have each person lead twice.

Observe A, B, and C when the applicant is leading.
Observe D and E when the applicant is following.

Score each item from 1 to 5. Definite limitation or liability = 1
Maximum positive quality = 5

A. Ability to move with spatial or dynamic clarity (versus vague or diffuse movement). _____

B. Ability to establish and sustain eye contact. _____

C. Ability for total emotional and kinesthetic involvement (versus detached, stylized, mannered, etc.). _____

D. Ability to modify repertoire in order to adapt to the movements of others (versus rigid maintenance of own repertoire). _____

E. Ability to move with ease (versus constriction, armoring, etc.). _____

Comments: _____

APPENDIX B

EFFORT BIBLIOGRAPHY

Bartenieff, Irmgard, and Davis, Martha. "Effort-Shape Analysis of Movement: The Unity of Expression and Function." Unpublished monograph. Bronx, N. Y.: Albert Einstein College of Medicine, 1965.

Bartenieff, Irmgard; Davis, Martha; and Paulay, Forestine. Four Adaptations of Effort Theory in Research and Teaching. New York: Dance Notation Bureau, 1972.

Dell, Cecily. A Primer for Movement Description: Using Effort-Shape and Supplementary Concepts. New York: Dance Notation Bureau, 1970.

Laban, Rudolf. The Mastery of Movement. Edited by L. Ullmann (1950; 2d ed., rev., London: Macdonald & Evans, 1960).

Laban, Rudolf. Modern Educational Dance. 2d rev. ed. Revised by L. Ullmann. London: Macdonald & Evans, 1963.

Laban, Rudolf. Choreutics. Annotated and edited by L. Ullmann. London: Macdonald & Evans, 1966.

Laban, Rudolf, and Lawrence, F. C. Effort. London: Macdonald & Evans, 1947.

Lamb, Warren. Posture and Gesture: An Introduction to the Study of Physical Behaviour. London: Gerald Duckworth & Co., 1965.

North, Marion. Personality Assessment through Movement. London: Macdonald & Evans, 1971.

Preston-Dunlap, Valerie. Handbook for Modern Educational Dance. London: Macdonald & Evans, 1963.

APPENDIX C

CURRICULUM GOALS

The Hunter College curriculum was designed to integrate the psychological, practical and research aspects of dance therapy into unified, cohesive and sequential course offerings. It had to include both broad and highly specialized course offerings; wide-ranging in the background fields necessary to the understanding of the therapeutic community and highly focused in the techniques of the therapy. Four new courses were developed specifically for this program:

1. Dance Therapy Theory and Practice
2. Systematic Study of Movement Behavior
3. Movement Observation
4. Anatomy and Kinesiology for Dance Therapists

Students also had to take eight elective credits from such areas as psychology, anthropology, special education, etc.

The general objectives of the curriculum were:

1. To educate the students in the content areas of movement behavior, personality theory, psychopathology and group processes.

2. To provide the student with skills that can be used with people of all ages, diagnoses, cultures and socioeconomic backgrounds.

3. To give students the opportunity to perform multiple roles in a therapeutic community: providing individual and group dance therapy; participating in diagnostic and evaluative procedures; orienting and educating staff members (psychiatrists, psychologists, social workers, nurses, attendants and ancillary therapists) concerning the expressiveness and communicativeness of movement behavior; and training professional and para-professional dance therapists.

4. To provide the students with the research techniques and observational skills that would enable them to further develop knowledge in the field of dance therapy and movement behavior.

The program contained a number of special features, among them: field trips to various institutions to familiarize first and second semester students with various kinds of patients and approaches to dance therapy; a guest lecturer series to acquaint students with the theories of noted individuals working in dance therapy and movement research; and the extensive use of video tapes in movement observation and in the dance therapy practicum.

Each student's progress was continuously assessed throughout the program, and an extensive ongoing evaluation by faculty and students was built in to allow for systematic program research and development.

Dance Therapy Theory and Practice I & II

1. Theoretical implications for dance therapy:
   a. Developmental aspects of movement behavior,
   b. Individual movement style in relation to ego psychology,
   c. Symbolic interaction in non-verbal communication,
   d. Cross-cultural aspects of movement behavior.

2. Self-awareness through movement:
   a. Body image,
   b. Individual movement style,
   c. Psychological defenses manifested in body tensions,
   d. Modes of non-verbal interaction,
   e. Development of movement potential.

3. Group process:
   a. Role differentiation,
   b. Stages of group development,
   c. Special features of interaction in group therapy.

4. Techniques of dance therapy:
   a. Analyzing individual movement patterns,
   b. Releasing body tensions,
   c. Working through emotional blocks,
   d. Expanding the adaptive and expressive behavioral repertoire,
   e. Providing cognitive awareness of personality dynamics expressed through movement,
   f. Developing social interaction.

5. Application of dance therapy techniques to specific populations e.g., psychotic, neurotic, handicapped, retarded, etc.

6. Evaluation and assessment:
   a. Recording behavioral change,
   b. Communicating movement assessments to mental health personnel.

7. Special issues in dance therapy practice:
   a. Protecting the rights of patients;
   b. Developing mutual cooperation and respect for professional, para-professional and service personnel;
   c. Understanding the effects of dance therapy on the training and treatment programs of the hospital.

Systematic Study of Movement Behavior I & II

1. Expressive movement as it reflects emotion:
   a. Posture and position,
   b. Facial expression.

2. Psychoanalytic analyses of movement:
   a. Defense mechanisms,
   b. Character armoring,
   c. Unconscious symbolic gestures,
   d. Body image.

3. Sociological and anthropological approaches:
   a. Symbolic interaction,
   b. Movement styles cross-culturally.

4. Movement in communication and interaction:
   a. Kinesics,
   b. Proxemics,
   c. Interactional synchrony.

5. Movement and development:
   a. Motor reflexes,
   b. Locomotion,
   c. Fine motor activity.

6. Recent approaches to movement and personality.

7. Research on dance therapy and therapeutic uses of movement:
   a. Individual dance therapy,
   b. Group dance therapy,
   c. Special populations.

Movement Observation I & II

1. Analysis of individual movement styles.

2. Movement behavior in small group interaction: kinesics, context analysis, interactional synchrony.

3. Interaction in dance therapy: individual roles, leadership patterns, group formations.

4. Cultural differences in movement patterns: proxemics, choreometrics.

5. Movement recording: notation systems, movement scales, inventories.

6. Methods of using movement observation: developing treatment plans, conducting dance therapy sessions, reporting patient behavior.

7. Principles and techniques of analyzing movement observation methods, research problems and populations.

Anatomy and Kinesiology for Dance Therapists

1. Laws of physics applied to the analysis of movement:
   a. Gravity and stability,
   b. Production and reception of force,
   c. Projectiles.

2. Anatomical factors governing motion:
   a. Skeletal structure and function,
   b. Joint structure and function,
   c. Neuro-muscular system.

3. Developmental aspects of movement:
   a. Postural reflexes,
   b. Contra-laterality,
   c. Locomotor patterns.

4. Application of kinesiological principles to the production and and control of motion.

5. Kinesiological analysis of specific movement problems of the retarded, brain injured, autistic, geriatric, etc.

6. Development of suitable actions and progressions designed to produce integrated body functioning:
   a. Temporal and spatial awareness,
   b. Strength and flexibility,
   c. Body image.

7. Related movement research:
   a. Electromyographic,
   b. Perceptual-motor,
   c. Kinesthetic.

APPENDIX D

GUEST LECTURERS AND TOPICS

Bartenieff, Irmgard	Neurophysiological Aspects of Movement and Movement Workshop in Effort
Birdwhistell, Ray	Kinesics
Byers, Paul	Interactional Synchrony
Ekman, Paul	Facial Expressions in Non-Verbal Communication
Gootzeit, Jack	Developmental Movement and Multi-Handicapped Children
Kalish, Beth	Dance Therapy with Children
Kavner, Richard	Vision and Movement
Kendon, Adam	Greeting Behavior
Koenig, Martin	The Role of Folk Dance in Culture
Lipton, Phyllis	Dance Therapy in Special Schools
Lowen, Alexander	Bioenergetics
Mintz, Elizabeth	Movement in Group Psychotherapy
North, Marion	Personality Assessment
Paulay, Forrestine	Choreometrics
Pesso, Albert	Psychomotor Therapy
Pierrakos, John	Energy and Auras
Robbins, Esther	Developmental Movement
Rubenfeld, Ilana	Alexander Technique
Scheflen, Albert	Movement and Social Order
Siroka, Robert	Psychodrama
Weiner, Hannah	Psychodrama
Weitzman, Bernard	Sensory Awareness

APPENDIX E

FINAL PROJECTS

Research Projects

A Pilot Study of the Movement Characteristics of Blind Children
Abby Cassell-Nyysola & Becky Krause

Ability to Observe Degree of Anxiety in Movement and Its Correlation to Verbal Content During Psychotherapy
Nadia Godowsky

Correlations Between Non-Verbal Behavior and Verbal Content in Psychotherapy
Joan Goldin

Gesture Styles of the King Bushmen and the Blackfoot Indians
Wendy Stone

Male-Female Differences in Movement
Cheryl E. Fortier

Movement Assessment and Treatment of an Autistic Child
Danielle Brown & Davida Navarre

Movement Behavior in Couples Psychotherapy: Individual Differences, Sex Role Behaviors, Drug Effects
Pam Roth Shoemaker & Leni Serlin

Movement Characteristics of Childhood Schizophrenia
Diane Ray

Movement Characteristics of Urban Adolescents
Phyllis Frant Gunther & Jill Richards

Sex Differences in Parent-Child Nonverbal Interaction
Margerie Halpern & Jennifer Hill

Case Studies

Ken Butler
Gwen Chin See
Theodore Daniels
Remi Gay
Shelly Goldklank
Amy Greenfield
Mary Kinal Helmer
Sylvia Johnson
Arlene Kushner
Joan Lavender
Barbara Moss
Hagar Moss
Frances Tabor

Theoretical Paper

Phenomenon of Trance Dancing - Dianne Duggan

APPENDIX F

MID-TERM QUESTIONNAIRE

Dance Therapy I

Rate the following items from 1 to 7. Seven being the greatest degree, 1 the least.

1. To what degree has this course helped you to begin to understand the principles of dance therapy practice?

   Rating_____

   Comment:

2. To what degree has it helped you to begin to become aware of the nature of your interactions with others?

   Rating_____

   Comment:

3. Has it helped increase your understanding group dynamics as expressed in movement?

   Rating_____

   Comment:

4. How relevant have you found this course to be in relation to your overall training as a dance therapist?

   Rating_____

   Comment:

END-TERM QUESTIONNAIRE

1. Did you feel that you had sufficient background to take elective courses in other graduate departments, e.g. psychology, etc.?

   Definitely_____ Could have had more_____

   Insufficient background_____

Comments:

2. What electives would you like to see added to the program?

3. Did you find the research projects useful?

   Extremely_____ Somewhat_____ Not at all_____

Comments:

4. What did you find to be the good and bad aspects of the research projects?

5. Could you see yourself becoming involved in research in movement and/or dance therapy?

   Definitely_____ Possibly_____ Probably Not_____ Definitely Not_____

Comments:

6. Did you find the video tape feedback useful?

   Extremely_____ Not at all
   7 6 5 4 3 2 1

Comments:

7. Did you find breaking up into small groups beneficial to your training?

   Extremely_____ Not at all
   7 6 5 4 3 2 1

Comments:

8. Would you have found more lab work in the observation course useful?

Extremely_____Not at all
7 6 5 4 3 2 1

Comments:

9. Would you have liked to learn notation? Yes_____ No_____

10. Do you feel a need for a pure movement class using effort-shape principles?

Strong need_____ Somewhat_____ Not at all_____

11. Would you like to have had an integrative seminar? (Relating all course work)

Yes_____ No_____

12. What do you see as the major shortcomings of the program?

13. What do you see as the major strengths of the program?

14. Did you find the field trips useful?

Extremely_____ Somewhat_____ Not at all_____

Comments:

15. Did you find the guest lecturers useful?

Extremely_____ Somewhat_____ Not at all_____

Comments:

16. How did you find your relationship with the staff?

Satisfactory_____Unsatisfactory
7 6 5 4 3 2 1

Comments:

17. How did you find your relationship with other members of your class in relation to your training?

Helpful_____Not at all helpful
7 6 5 4 3 2 1

Comments:

18. In general, did you find that you had sufficient background to make optimal use of the dance therapy program?

Yes_____ No_____

If not, what experiences, training, courses, etc. would you feel would have been helpful prior to your starting the program?

19. Please make any further comments you might wish to make about the program:

INTERNSHIP MID-TERM EVALUATIONS

The Mid-Term Evaluations were open-ended. Interns responded to the following questions:

1. In what ways has your cooperating dance therapist been most helpful?
2. In what ways could your cooperating dance therapist be more helpful?
3. In what ways do you or do you not feel part of the hospital staff?
4. Which activities have you found most useful?
5. At this time what experiences do you feel would improve your ability as a dance therapist?
6. If you have any additional comments, please add here:

Supervisors were asked to write an evaluation of each intern which included comments on personal and professional attitudes such as responsibility, reactions to supervision, relationship to staff and patients, etc.

QUESTIONNAIRE FOR INTERNS - END TERM

The purpose of this questionnaire is to provide the Dance Therapy Program with relevant feedback regarding the internship.
Please feel free to add any additional comments that you wish.

1. Did you feel prepared to enter the internship?

Definitely not 1 2 3 4 5 6 7 Definitely yes

Comments:

2. Retrospectively, what kind of course work would you like to have had more of?
Please specify:

3. To what degree has the internship helped you to understand the role of a dance therapist in a hospital setting?

Not at all 1 2 3 4 5 6 7 To a great degree

Comments:

4. To what degree has the internship helped you to integrate what you have learned in your classes at Hunter?

Not at all 1 2 3 4 5 6 7 To a great degree

Comments:

5. What aspects of your training at Hunter did you find most helpful to your work in the hospital?

6. Which were least helpful?

7. Which aspects of your internship did you find most useful for your professional training?

8. Which were least useful?

9. To what degree were you able to discuss problems arising in your work with your supervisor?

Very difficult to do so 1 2 3 4 5 6 7 Quite easy to do so

Comments:

10. Did you feel your supervisor expected more of you than you felt you were able to do?

Definitely expected more 1 2 3 4 5 6 7 Our expectations seemed well matched

Comments:

11. Would you feel comfortable recommending your supervisor to other interns?

Definitely not 1 2 3 4 5 6 7 Highly recommend

Comments:

12. Generally speaking, did you find your relationship with your supervisor to be helpful?

Not at all 1 2 3 4 5 6 7 Extremely helpful

Comments:

13. What were the pros and cons of co-leading with your fellow intern?

14. What were the pros and cons of co-leading with your co-operating dance therapist?

15. Were there any problems becoming integrated with the dance therapy staff? If so, what do you think would improve relations?

16. Were there any problems becoming integrated with the ward staff? If so, what do you think would improve relations?

17. Please make any additional comments that you feel would be helpful in evaluating the internship program and supervision?

QUESTIONNAIRE FOR SUPERVISORS - END TERM

The purpose of this questionnaire is to provide the Dance Therapy Program with feedback regarding your impressions of the intern under your supervision in terms of her (his) personal and professional characteristics.

If you are uncertain as to the meaning of a question, simply interpret it in any way that makes sense to you.

Each question leaves room for additional comments. Please feel free to comment about any area not covered in the questionnaire.

1. Individual shows a capacity to be empathic.

Not at all 1 2 3 4 5 6 7 To a great degree

Comments:

2. He or she seems comfortable in interpersonal relationships.

Rarely 1 2 3 4 5 6 7 Most of the time

Comments:

3. Individual can adapt easily to new situations when necessary.

Rarely 1 2 3 4 5 6 7 Most of the time

Comments:

4. Seems comfortable and at ease with her (him) self and can express himself easily.

Not at all 1 2 3 4 5 6 7 To a great degree

Comments:

5. She (he) becomes or is unduly defensive or guarded.

Most or all of the time 1 2 3 4 5 6 7 Rarely

Comments:

6. Intern demonstrates personal maturity.

Hardly ever 1 2 3 4 5 6 7 Almost always

Comments:

7. How do you see this individual's relationships with peers and colleagues?

Unsatisfactory 1 2 3 4 5 6 7 Satisfactory

Comments:

8. How do you see this individual's relationships with other staff?

Unsatisfactory 1 2 3 4 5 6 7 Satisfactory

Comments:

9. How do you see this individual's relationships with patients?

Unsatisfactory 1 2 3 4 5 6 7 Satisfactory

Comments:

10. How would rate this person's work with groups of patients?

Poor 1 2 3 4 5 6 7 Excellent

Comments:

11. How would you rate her (his) work with individual patients?

Poor 1 2 3 4 5 6 7 Excellent

Comments:

12. To what degree is he or she able to put into practice what he understands theoretically?

Isn't able to 1 2 3 4 5 6 7 Does so well

Comments:

13. Given the intern's present stage of training, what is your overall estimate of the individual's professional development and competence?

Very poor 1 2 3 4 5 6 7 Excellent

Comments:

14. Is this intern open to learning and supervision?

Is closed off and guarded 1 2 3 4 5 6 7 Open and willing to learn

Comments:

15. How would you rate your supervisory relationship with this individual?

Poor 1 2 3 4 5 6 7 Excellent

Comments:

16. To what extent was the student able to communicate his work with and understanding of patients to other staff?

Not at all 1 2 3 4 5 6 7 Quite well

Comments:

17. How much has the student learned and been able to integrate regarding the nature of the psychopathology and dynamics of the patients he has worked with?

Not at all 1 2 3 4 5 6 7 Quite well

Comments:

18. What do you see as this person's major professional strengths?

19. What do you see as her (his) major professional shortcomings?

20. What would you recommend as further necessary preparation for the students before entering the internship?

21. Further comments you wish to make:

Name of Intern_____ Signed_____

APPENDIX G

FACULTY BIOGRAPHIES

Claire Schmais, M.S., D.T.R., has been a teacher, dancer, recreation leader and dance therapist and is currently an assistant professor at Hunter College. A founding member of ADTA and chairman of the Accreditation Committee; she is also chairman of the Dance Therapy Committee of AAHPER. She has given lecture/demonstrations and workshops and has written numerous articles on dance therapy practice and training. In addition to teaching Effort-Shape, she is a consultant on movement behavior as it relates to other disciplines. Claire Schmais taught Dance Therapy Theory and Practice.

Elissa Queyquep White, D.T.R., has been a dancer and dance teacher and is currently teaching at Hunter College and practicing dance therapy at Bronx State Hospital. A founding member of ADTA, she is currently the chairman of its Registry Committee. In addition to dance therapy workshops and lecture/demonstrations, she gave presentations on movement as non-verbal communication. Certified in Effort-Shape Movement Analysis by the Dance Notation Bureau, she has conducted pilot movement research projects on infants and children. Publications include materials on dance therapy theory and training. Elissa White taught Dance Therapy Theory and Practice.

Martha Davis, Ph.D., recently received her doctorate in clinical psychology. She has written, researched and lectured extensively on the relationship of body movement and personality. She is one of the founders Effort-Shape Training Program at the Dance Notation Bureau. Her recent publication is a comprehensive, annotated bibliography entitled, Understanding Body Movement. Martha Davis taught Movement Observation and Systematic Study of Movement Behavior.

Dorothy Vislocky, M.A., has been involved in the related movement areas of creative dance, dance therapy and kinesiology and anatomy. She is currently an associate professor at Hunter College, coordinating the dance program, teaching dance and choreographing. She has been chairman of the Eastern District of AAHPER and has served on the Board of ADTA. She has lectured extensively on creative dance and the application of kinesiological principles to sport and dance. Dorothy Vislocky taught Anatomy and Kinesiology for Dance Therapists.

APPENDIX H

STAFF PUBLICATIONS AND PRESENTATIONS

Publications

1. "Body Language: A New Therapy for the Mind" in NewsHunter, Sept. 1972.
2. Schmais, C., "Dance Therapy Training for the Dance Therapist", Journal of Health, Physical Education and Recreation, October 1972.
3. Goldstein, R.; McVeigh, L.; Schmais, C; "There Must Be Mutual Commitment: Television for Dance Therapy", Proceedings 25 Annual Convocation, New York State Education Communications Association, November 1972.
4. White, E., "Effort Shape Movement Analysis: Its Importance to Dance Therapy and Movement Research", Focus, forthcoming, Fall 1973.
5. Schmais, C., "Dance Therapy in Perspective", Focus, forthcoming, Fall 1973.
6. Periodic reports, ADTA Newsletter.
7. Davis, M., Body Movement: An Annotated Bibliography. New York: Arno Press, 1972.

Presentations by Claire Schmais

American Dance Therapy Association

1. 6th Annual Conference, Washington, D.C., October 1971.
   Chaired Dance Therapy Training panel.
2. 7th Annual Conference, Los Angeles, Calif., October 1972.
   a. Chaired Dance Therapy Training panel;
   b. Presented and discussed video tape, "Looking In--Reaching Out: Learning to be a Dance Therapist".

American Association of Health, Physical Education and Recreation

1. Annual Convention, Houston, Texas, Aptil 1972.
   Chaired Dance Therapy Committee meeting.
2. Undergraduate Professional Preparation Conference, New Orleans, La., January 1973. Consultant for undergraduate dance therapy preparation.
3. Annual Convention, Minneapolis, Minn., April 1973.
   a. Chaired Dance Therapy Committee meeting;
   b. Lecture, "Becoming a Dance Therapist", Dance Division program;
   c. Lecture, "Dance Therapy", for Therapeutics Section.

New York State Education Communications Association

Presented video tape, "Looking In--Reaching Out: Learning to be a Dance Therapist" and participated in panel discussion, November 9, 1972.

Dance Education Services

Panelist, Dance Therapy, Career Day, April 15, 1972.

Audio Visual Materials

Video tape, "Looking In--Reaching Out: Learning to be a Dance Therapist"
½" Sony A.V. series, 18 min.

Film, "On Becoming a Dance Therapist", 16mm, sound, black & white, 18 min.